



October 29, 2002

Mayor Wesely and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of La Societe Des Hommes, d.b.a. American Legion 3, 5630 'P' Street requesting that Steven Bartos be approved as the manager of the class c liquor license.

Background information on the applicant is as follows:

Steven Bartos was born in Omaha, Nebraska. He has been a board member of the American Legion since 1983. Mr. Bartos has been employed by the Nebraska Department of Roads since 1971.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

A handwritten signature in cursive script, appearing to read "Tom Casady".

THOMAS K. CASADY, Chief of Police



Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us
A nationally accredited law enforcement agency



STATE OF NEBRASKA

F.H. 11/13/02



Mike Johanns
Governor

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

October 24, 2002

AD-125027
36

City Clerk
County/City Bldg
555 South 10th Street
Lincoln NE 68508

RE: Manager Application Submittal

Dear Sir/Madam:

The enclosed Application for Manager is being submitted by La Societe Des 40 Hommes DBA American Legion 3 located at 5630 "P" Street, Lincoln, NE 68505 (Lancaster County) which holds a Class C License #02361 the applicant's name is Steven D. Bartos.

Please present this application to your City/County Council and return to us the results of the action taken. If you have any questions or comments, please give me a call.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michelle Porter".

Michelle Porter
Licensing Division

Enclosure

FILED
CITY CLERK'S OFFICE
OCT 28 PM 3 41
CITY OF LINCOLN
NEBRASKA

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

Liquor License Investigation

Business (DBA) AMERICAN LEGION

Manager Owner Other

Name: STEVEN BARTOS

US Citizen ? Yes No

Has applicant ever been cited for liquor law violations ? No Yes
Explain

Does applicant have an interest in another liquor license ? No Yes
Explain

Is spouse qualified to hold a license ? Yes No N/A

How is applicant if not an owner to be paid ? Salary Hourly NA

How many hours will applicant be at the establishment ? JUST FOR MEETINGS

Any other employment ? No Yes, explain NE DEPT OF ROADS

Any previous experience with a liquor license? Yes No

Any criminal convictions ? No Yes
Comments

Is applicant a property owner in Lincoln ? Yes No

Is applicant involved in any civil litigation ? No Yes
Comments

NO Photo (X) Records Check (X) References

Comments

Interview Date 10/29/02 - phone

1983 Board member

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

RECEIVED

Return to: Nebraska Liquor Control Commission, PO Box 95046

301 Centennial Mall So., Lincoln NE 68509

OCT 24 2002

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

| LIQUOR LICENSE INFORMATION | | | | | NEBRASKA LIQUOR CONTROL COMMISSION | |
|---|--|--|--|---|------------------------------------|---------------------------------------|
| NAME OF LICENSED CORPORATION <i>LA SOCIETE DES 40 HOMMES</i> | | | CLASS & LICENSE NUMBER <i>C - 02361</i> | | | |
| TRADE NAME OF LICENSED PREMISE <i>AMERICAN LEGION 3</i> | | | | | | |
| STREET ADDRESS OF LICENSED PREMISE <i>5630 "P"</i> | | CITY <i>LINCOLN</i> | COUNTY <i>LANCASTER</i> | | ZIP CODE <i>68505</i> | |
| On behalf of the corporation, I designate this individual as corporate manager. Signature of Corporate President/CEO: <i>x Ragn L. Lind</i> | | | | | | |
| APPLICANT INFORMATION (MUST BE 21 OR OVER) | | | | | | |
| NAME (LAST, FIRST, MIDDLE, MAIDEN) <i>BARTOS, STEVEN DAVID</i> | | SEX F <input checked="" type="radio"/> M | SOCIAL SECURITY NUMBER <i>506-64-5663</i> | | DATE OF BIRTH <i>9-30-47</i> | PLACE OF BIRTH <i>OMAHA, NEBR.</i> |
| HOME STREET ADDRESS <i>7441 SAN MATEO LN</i> | | CITY <i>LINCOLN</i> | COUNTY <i>LANCASTER</i> | STATE <i>NE</i> | ZIP CODE <i>68516</i> | |
| HOME TELEPHONE NUMBER <i>(402) 423-7541</i> | | BUSINESS TELEPHONE NUMBER () — | | DRIVERS LICENSE NUMBER & STATE <i>G02102592 - NEBR</i> | | |
| SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE) | | | | | | |
| FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) <i>BARTOS, LORENE MARIE JASA</i> | | SOCIAL SECURITY NUMBER <i>507-66-9721</i> | | DRIVERS LICENSE NUMBER & STATE <i>NEBR G02082258</i> | | |
| DATE OF BIRTH: <i>4-28-47</i> | | PLACE OF BIRTH <i>ST. EDWARD, NE</i> | | | | |
| <p>1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | | | | | |

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☐ YES ☒ NO

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ YES ☐ NO

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

| APPLICANT: CITY & STATE | YEAR FROM TO | SPOUSE: CITY & STATE | YEAR FROM TO |
|-------------------------|-----------------|----------------------|-----------------|
| LINCOLN, NEBRASKA | 1969 PRES | LINCOLN, NEBRASKA | 1969 PRES |
| | | | |
| | | | |
| | | | |

EMPLOYERS - LIST LAST TWO EMPLOYERS

| YEAR FROM TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|-----------------|-------------------------|--------------------|------------------|
| 1971 PRES | NEBRASKA DEPT. OF ROADS | CLAUDE OIE | 479-4532 |
| 1971 1971 | UNITED STATES ARMY | | |

PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE

STATE OF NEBRASKA)

) SS

COUNTY OF LANCASTER

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Signature of Applicant

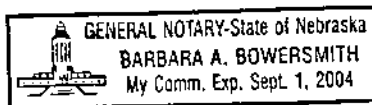
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 24th day of OCTOBER 2002

Subscribed in my presence and sworn to before me this 24th day of OCTOBER 2002

Notary Signature & Seal

Notary Signature & Seal



MY COMMISSION EXPIRES:
February 17, 2003